S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 18 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24525

Registration District No. 151 Primary Registration District No. 3028 Registrar's No. 153

49

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town CARTHAGE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 206 ELM ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 24 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JASPER 49
(c) City or town CARTHAGE 1
(If outside city or town limits, write "RURAL")
(d) Street No. 206 ELM ST 3
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Walter Leon Chapman
3. (b) If veteran, name war WORLD WAR II
3. (c) Social Security No. 500-09-1714

4. Sex MALE
5. Color or race white
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased December (Month) 9 (Day) 1917 (Year)

8. AGE: Years 29 Months 6 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace CARTHAGE (City, town, or county) MISSOURI (State or foreign country) 0
10. Usual occupation SAW MAN
11. Industry or business CARTHAGE MARBLE CORP.
FATHER
12. Name JAMES H. CHAPMAN
13. Birthplace BUFFALO (City, town, or county) MO (State or foreign country) 0
MOTHER
14. Maiden name GERTRUDE KELTON
15. Birthplace MT. VERNON (City, town, or county) MO (State or foreign country) 0
16. (a) Informant JAMES H. CHAPMAN
(b) Address 206 ELM - CARTHAGE, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date there July 8 1947 (Month) (Day) (Year)
(c) Place: burial or cremation PARK CEMETERY
18. (a) Signature of funeral director KNELL MORTUARY
(b) Address CARTHAGE, MO
19. (a) 7-7-47 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature) 139

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1947 hour 07 minute A.M.
21. I hereby certify that I attended the deceased from ..... 19..... 19.....
that I last saw him alive on Did Not Attend 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Can Cancer
Due to and Blood Clot of Brain
Due to Hit By Car at Playmoor
Other conditions (Include pregnancy within 3 months of death) Night Club on
Major findings: Of operations Hi way #66
Of autopsy .....

Duration 1 2 3 4 5

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 49
(b) Date of occurrence 6/28/47
(c) Where did injury occur? R.R. (City or town) Jasper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public - #66 Hi Way - (Specify type of place)
While at work? No (e) Means of injury Hit by Car
23. Signature H.W. Herfelt (M. D. or other) DO
Address 2114 Joplin Date signed 7/6/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-1-582

SEP 2 1941

SEP 25 1941

MAR 29 1949

JUL 21 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Robert H Knell, Registered Apprentice No. 406, working under my personal supervision.

Signed Frank W Knell Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.